ISSUE SLIP STAPLE AREA (for additional cross references) POSITION INITIALS DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW** INDE" OF CLAIMS Interference (Through numeral) Canceled Restricted O Objected Claim Date Original BEST AVAILABLE CO 75 80 81 83 8# 85 9000 If more than 150 claims or 10 actions staple additional sheet here (LEFT INSIDE)